## APPENDIX A INFORMATION TECHNOLOGY SERVICES DIVISION REQUEST FOR AGENCY TELECOMMUNICATIONS RECORDS

Date Requested:	Date Desired:
REQUESTING ENTITY:	
Name (print):	Title:
Organization:	Signature:
INFORMATION REQUESTED:	
☐ EMAIL ☐ TELEPHONE	
Employee Name: IP Address or Computer Name (if applicable): _	
Detailed Description of Request:	
	. ITSD USE ONLY
Department Notification:	
Legal (Public Requests Only):	Date:
Bureau Chief:	Date:
CIO :	Date:
Agency Notification:	
Contact:	
By Whom:	
Date:	
Date Request Completed:  Copy of records provided to requestor are att	tached.